MIKE BULLOCK MEMORIAL SCHOLARSHIP APPLICATION

Full Name(First, Middle, Last)			
Address:(Street or P.O. Box)	(City)	(State)	(Zip Code)
Phone Number:	Message Number:		
Current School Attending:	Graduation	Date: _	
Cumulative Grade Point Average: _		(Attach school transcript)	
Name of Post Secondary School to A	Attend:		
Complete Address:			
Program or Course of Study:			
Cost of Program or Course of Study:	:- <u></u>		
Remember to include the following	in your completed scholarsh	<u>ip applicati</u>	on packet:
Cost of the Program or Course of	Study: Attach description of	course and	cost of program.
Resume: Attach a current resume w	hich includes your volunteer	and paid wo	ork experience.
Essay: Attach an essay of not more	than 2 typed written pages ar	nswering the	e following question
1) Tell us about a time when yo	ou overcame some type of adv	versity to ac	hieve a specific goal
2) What are your career goals a goals?	and how can receiving further	r education	assist in achieving t
3) What has been the most s participated during the last tw	•	•	2
4) Tell us how you think you ca your life?	an continue Mike Bullocks pl	nilosophy fo	or helping others thre
Transcript: Attach school transcrip	t indicating your grade point	average.	
References: Please provide reference employer, teacher, school counselor, Reference Forms and mail them dire following address by <i>March 1, 2016</i>	pastor, etc.) Remind them the ctly to the Helena Job Service	ey must cor e Employers	nplete the attached s Committee at the
Applicant's Signature		Date	
Parent or Guardian's Signature (If ap	pplicable)	Date	